

STANDARD CERTIFICATE OF DEATH  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **330**  
Registrar's No. **157**  
Location **1236 E. Edgemont**  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County **Maricopa** (b) City or Town **Phoenix** (c) Location **1236 E. Edgemont**  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution **none**; In Community **3 weeks**; In Arizona **3 weeks**  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State **Idaho** (b) County **Twin Falls** (c) City or Town **Twin Falls**  
(If outside city limits also write RURAL)  
(d) Street No. **Twin Falls, Idaho**  
3. (a) FULL NAME **Sonora Elizabeth Averett** (b) If veteran name war **131A** (c) Social Security No. **131A**

4. Sex **female** 5. Race **White** ☒ Indian ☐ Negro ☐ Oriental ☐  
6. (a) Single, married, widowed or divorced **married**  
6. (b) Name of husband or wife **Byron** 6. (c) Age of husband or wife, if alive **77** yrs.

7. Birthdate of deceased **June 20 1875**  
(Month) (Day) (Year)  
8. AGE: Years **72** Months **6** Days **30** hrs **0** min  
9. Birthplace **Washington Utah**  
(City, town or county) (State or Country)

10. Usual Occupation **housewife**  
11. Industry or Business  
12. Name **George Washington Gill Averett**  
13. Birthplace **Rane County, Tennessee**  
(City, town or county) (State or Country)  
14. Maiden Name **Nancy Ann Turnbough**  
15. Birthplace **Missouri**  
(City, town or county) (State or Country)

16. (a) Informant's own signature **Mrs. Joseph P. Price**  
(b) Address **1236 E. Edgemont**

17. (a) Burial, Cremation or Removal **removal**  
(b) Place **Twin Falls, Ida** (c) Date **1/21/48**  
18. (a) Embalmer's Signature **L. M. Mortensen**  
(b) Funeral Director **Mortensen Kingsley Mortuary**  
(c) Address **1020 W. Washington**

19. (a) **JAN 21 1948**  
(Date received Local Registrar)  
(b) **M. Ken O'Leary**  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **1/19/48** 19.  
TIME (Hour and minute) **6:30 P.M.**  
21. I hereby certify that I attended the deceased from **12/26/47** to **1/19/48**  
that I last saw her alive on **1/19/48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular Renal Disease**  
Due to **Chronic passive congestion of the liver**  
Due to **Constriction of the heart**  
Other conditions (Include pregnancy within three months of death)  
Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? **Yes**  
23. Signature **R. D. Shupe** Address **11036 E. Edgemont** Date signed **1/20/48**